

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
OFFICE OF ADMINISTRATIVE OPERATIONS – QUALITY IMPROVEMENT DIVISION
CY 2019**

TEST CALLS GUIDELINES/INSTRUCTIONS

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) specifies: “Each Mental Health Plan (MHP-County) shall provide a statewide, toll-free telephone number that functions 24-hours a day, seven days a week, with language capacity in the languages spoken by the beneficiaries of the county that will provide information to beneficiaries about how to access specialty mental health services, including services needed to treat a beneficiary’s urgent condition, and how to use the beneficiary problem resolution and fair hearings processes.”

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(f) specifies: “The MHP shall maintain a written log of the initial requests for specialty mental health services from beneficiaries of the MHP. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request.”

The California Code of Regulations, Title 9, Chapter 11, Section 1810.410(d)(1) specifies: “Each MHP shall provide: a statewide, toll-free telephone number available 24 hours a day, seven days a week, with language capacity in all the languages spoken by the beneficiaries of the MHP as required by Section 1810.405(d).”

PURPOSE OF THE TEST CALLS

Calls to test the MHP’s 24/7 ACCESS Line 1-800-854-7771 (not clinic or other hotline numbers) in the following areas:

- Availability 24-hours a day, seven days a week
- Knowledge and helpfulness of the ACCESS Agent
- Recording of the call on the ACCESS Call Log
- Response capability in a non-English language
- Information on how to use the beneficiary problem resolution and fair hearings processes

BASIC PRINCIPLES OF THE TEST CALLS

- 1) Before calling please be aware that the ACCESS Agent may ask you for your name, social security number, date of birth, phone number and address. Prior to making the Test Call, decide what personal information you are willing to share and what information you will be providing. **It is not necessary for you to share any authentic personal information as you are calling in the role of a “secret shopper.”**

- 2) DO NOT IDENTIFY YOURSELF AS A TEST CALLER.

- 3) Please use a blocked phone number when calling the 24/7 ACCESS Line as the caller ID will show if you are calling from a clinic.
- 4) If you make the call for a mental health clinic referral, please **refuse all efforts by the ACCESS Agent to send an electronic mental health referral** for you to the clinic site. Instead, you can obtain a clinic phone number and inform the ACCESS Agent that you have chosen to contact the clinic directly because you are not ready to go to the clinic at this time. Remember, you do not want the ACCESS Agent to make an electronically generated referral to the clinic.
- 5) **Keep the call short and succinct.** Do not unnecessarily tie-up the toll free line with a long call. Keep the line available to those who may need assistance.
- 6) **If asked if you are a Medi-Cal beneficiary, and you respond positively,** you will be asked for your 14-digit Medi-Cal Number. You may provide any 14-digit number or say you do not have it.



Sample Medi-Cal Card

- 7) If asked, give a name that you feel comfortable providing to the ACCESS Agent. You may use any name that you choose. **Write down the name given, so the call can be located on the ACCESS Call Log.**
- 8) If you are calling regarding a request for services for someone other than yourself, **please document on the survey form your name as well as the name of the person (beneficiary) for whom you are requesting services.**
- 9) **If asked, identify yourself as a resident of a city that is within the Service Area (SA) being tested. During the test call, please do not use the term "Service Area."** You can provide a local street address and phone number, or give general information such as a few cross-streets or landmarks. You may also state that you just moved to the area and/or that you prefer not to give your address.

- 10) Please make sure you are **using the CY 2019 version of the Test Calls survey form**. Previous versions will not be accepted by the Quality Improvement Division (QID).
- 11) **ALWAYS note the time and date of your call and the name of ACCESS Agent**. This is important in locating your call in the ACCESS Call Log. Even if they do not offer their name, please persist in asking their name and note the name before you end the call. Having the ACCESS Agent's name is important in providing feedback regarding the call and your experience.
- 12) Please **check all reasons listed** on the Test Calls survey form that apply to your reasons for satisfaction or dissatisfaction with the ACCESS Agent or Interpreter Services. If your reason is not listed, please select "Other" and provide a brief explanation in the space provided.
- 13) The CY 2019 Test Calls survey form is available online. All survey data to QID must be received via the online survey format.
- 14) **Each SA should make EXACTLY 10 calls – Five (5) calls during regular business hours (Monday-Friday 8:00 AM to 4:59 PM).**

and

Five (5) calls after hours (Monday – Friday 5:00 PM – 7:59 AM), or on weekends (Friday 5:00 PM – Monday 7:59 AM), and/or Holidays (e.g. Monday, May 27th).
- 15) **Each SA should make one beneficiary problem/complaint related (Patient's Rights Office) call**. Beneficiary problem calls are those related to how to use beneficiary problem resolution and Fair Hearing processes or other complaints/questions related to beneficiary services. Only the beneficiary problem/complaint related Test Call scenarios provided by QID should be used.
- 16) **Each SA should make two crisis scenario calls** (see attached QID lists of crisis scenarios). One call should occur during the daytime and one call should be made after hours. Only the crisis scenarios provided by QID should be used. For all non-English calls, please request interpreter services.
- 17) Of the 10 calls, 5 calls should be in English and 5 calls in your SA's threshold languages. Refer to Table 1 for the *Service Area Test Calls Schedule* and Table 2 for the list of *Threshold Languages by Service Area*.

**TABLE 1: SERVICE AREA TEST CALLS SCHEDULE
CY 2019**

SA	Assigned Month	Date Due to QID
SA 5	March 2019	April 10, 2019
SA 6	April 2019	May 10, 2019
SA 7	May 2019	June 10, 2019
SA 8	June 2019	July 10, 2019
SA 4	July 2019	August 10, 2019
SA 3	August 2019	September 10, 2019
SA 2	September 2019	October 10, 2019
SA 1	October 2019	November 10, 2019

**TABLE 2: THRESHOLD LANGUAGES BY SERVICE AREA
CY 2019**

SA	Threshold Language
SA 1	Spanish
SA 2	Armenian, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.
SA 3	Cantonese, Korean, Mandarin, Spanish, and Vietnamese.
SA 4	Armenian, Korean, Russian, Spanish, and Tagalog
SA 5	Farsi and Spanish
SA 6	Spanish
SA 7	Korean and Spanish
SA 8	Cambodian, Korean, Spanish, and Vietnamese